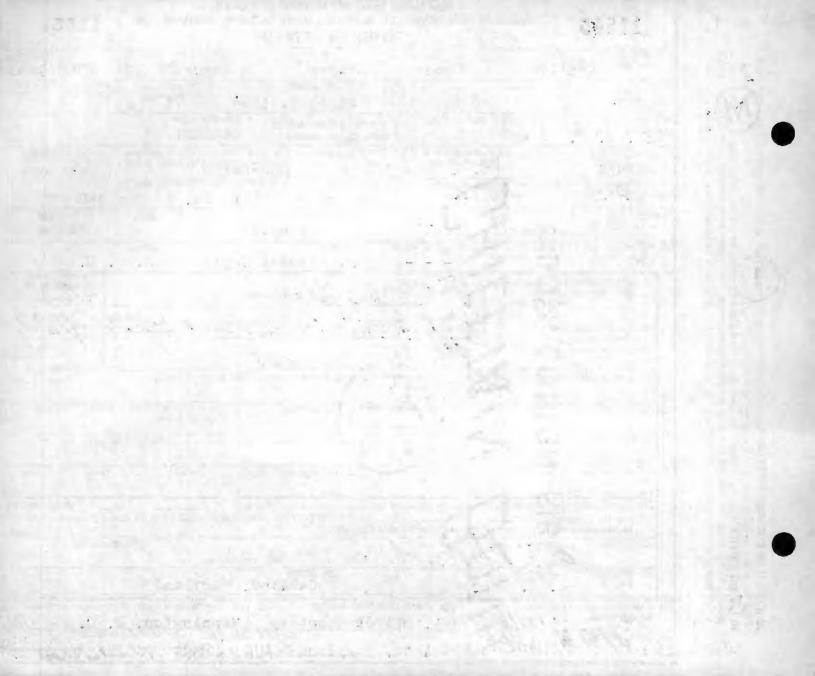
1	It	tems 18822a Film 406 MARYLAND STATE DEPARTMENT OF HEALTH 0-23-68 amplyIsion of VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	ONO
FOR STATE		ALOGAL MEDICAL EXAMINER'S CERTIFICATE OF DEATH	973
HEALTH DEPT.		Tung of Print	Doy Yeor 2b. HOUR
oy is Poge int of		Inez Marie Bambling   Death Material 8 7	7.11 168 P.
deloy and 3 M3 Po		Pomo 3 a Table 4 - 11/2 0/3 0 t 3 lost birthday) MONIKS DAYS HOURS MIKE Month O Doy 7 3	Yeor 68 7 P
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( / NOA )		BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED ( 9. COUNTY OF DEATH INTY)  Omerset, Pa. USA WIDOWED DIVORCED GARRIETT	
E 8 2 E	10.	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12)	2b. KIND OF BUSINESS OR
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tem 1 Office office office office d	14.	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
		Matthew Bambling Margaret	Miller
		. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
Examine Examine File Pau	L	(Yes, no, or unknown) (Hyes give wer or dates of service) none Mrs. Hazel Michaels Cheste	
		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
should be executed e word "pending" in the Chief Medical E ouriol-tronsit permit. Fin any event within		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Unknown	
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is certificate should e, writing the word forworded to the CP e used as a buriol-fre emoval, and in any	N.	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6)	
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		WHILE MOT WHILE foctory, office building, ex.)	3.010
DEPUTY  Cessory, pleose execute the funeral director. Page 4 may be retained for your FUNERAL DIRECTOR: Page eafth prior to buriof, cren		22a. Lertify that I took charge of the remains described above, held an Autopsy (3), Inspection (3), Inquiry (5),	and in my apinia
CAL CTO CTO CTO CTO		death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner	
direction direction or to b		CHIEF MEDICAL EXAMINER	
ple of digital	15	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE SI	GNED
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O DEPUTY DICA necessory, pleose ex the funerol director. 5 moy be retained O FUNERAL DIRECTO Health prior to bur	L	(NAME (Type) James H. Peaster, Jr., M. D. ADDRESS(Street, city, town, or county) Odland, G.	arr., Md.
necessory, pleose the funeral direct of moy be retained to FUNERAL DIRECT Health prior to be the funeral branch of the funeral branc	230	PEMOVA) (Cracify)	County) (Stote)
		Burial 19/15/68 Garrett Co. Memorial Gardens Carland,	
VR A15ME (5)	2	FUNERAL DIRECTOR DEVINE OAKLAND. Maryland Date SFP 2 3 1968 Polland.	SNATURE
10M REV. 1/68	4	erall 1. Munuch Oakland, Maryland DateSEP 23 1968 golden	40 Judge
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ET IN 

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11551 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME Middle 2a. DATE KNOWN Manth Day 2b. HOUR (Type or Print) DEATH MATED 18-19-68 Poge TO MA Mi.chael Gene Burns A M IF UNDER I YEAR ment 4. RACE 6. AGE (in years IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD 2d. HOUR 3. SEX S. DATE OF BIRTH P.M.3. 19 68 630 M 7-13-68 Male White lond2 with the Stote Depart 7a. BIRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) Maryland USA WIDOWED DIVORCED [ Garrett 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 126. KIND OF BUSINESS OR Mem. Hospital during most of warking the even if retired.) INDUSTRY Oakland 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e, STREET AND NUMBER Md. 13b. COUNTY Garrett Oakland admission) STATE Route YES NO DO 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME Middle Dumire Loye Ira Burns Suzanne poges 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (Yes, no or unknown) None Loye I. Burns, Rt. #2, Oakland, Md. event within 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY LOBAR PNEUMONIA , BILATERAL 24-48 Hours IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF buriol-transit Canditions, if any, which gave rise to immediate cause (a), writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause , CC: certificate PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1501 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? execute the certificate. YES-NO T 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 3 should HOUR A.M. PRIMARY OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) WHILE AT WORK AT WORK 22a. I certify that I taok charge of the remains described above, held an Autopsy (X). Inspection (X). Inquiry X, and in my opinion Accident . Suicide . Hamicide Natural causes deoth resulted fram: Undetermined manner CHIEF MEDICAL EXAMINER 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 8-19-68 DEPUTY MEDICAL EXAMINER IC 5 moy to FUNER Health ADDRESS(Street, city, town, or count Dakland. Garr. NAME (Type) James H. Feaster, Jr., M. D. 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION 23b. DATE 23d. LOCATION (City or Tawn) (County) 8/21/68 Rose Hill Cemetery Tucker. W. Va. Thomas 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DATE AUG 2 1 VR A15ME (5) Durst Oakland Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

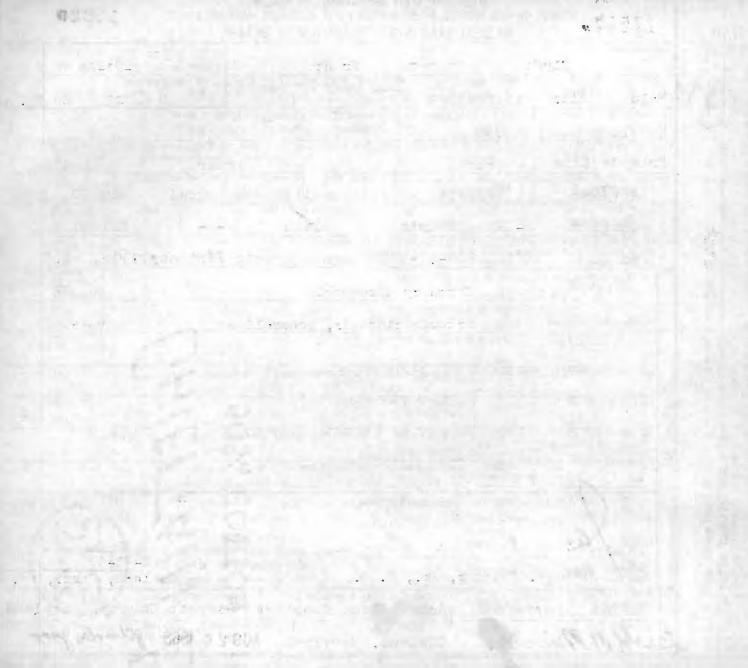
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FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	553									
HEALTH DEPT.	1. DECEASED-NAME First Middle Last 20. DATE KNOWN Month Doy OF ESTI-	Year 2b. HOUR									
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hours Item 1 Office Jand 2	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Lost									
Tr.s rr.s		ook									
within pencil	160. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes. No unknown) (If yes give war or dates of service)  16b. SOCIAL SECURITY NO. 17. INFORMANT  ADDRESS  219-56-7637 William Fishel. Gormania. W.	**									
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MAKTLAND STATE DEPAKTMENT OF HEALTH

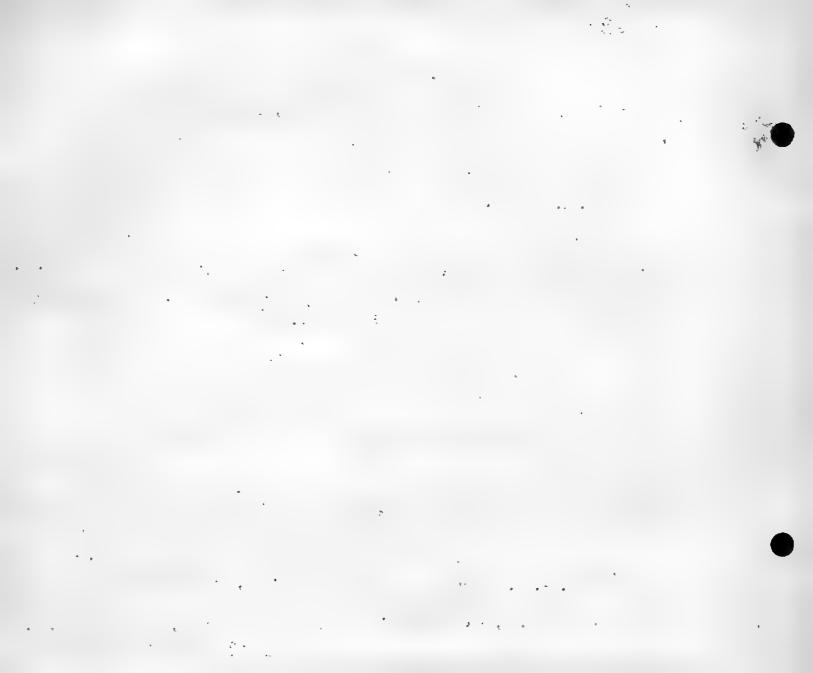


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required by by but but		PART 2 OTHER SIGNIFICANT CON	DITIONS CONTRIB	UTING TO DEATH BUT N	OT RELATED TO	THE TERMINAL D	ISEASE OR CONDITI	ON GIVEN IN PART I(a)			
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he la	CERTIFICATION	TAL DATE OF OFERATION 170.1	JOHDINGH FOR W	THE TOTAL OF THE TE	KIVKINED	YES [	NO X	CAUSES OF DEATH?	INOJ CON	SIDERED IN CER	IFTING
or o	CERT	21a ACCIDENT WAS UNDERLYIN	G 216 TIME (	DE INJURY	21c HO\		_	! e af injury in Part 1 or P	art 2. Ite	m IB.)	
CIA!	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. er) P.M.				•				
NYSI nosp cert chec pt. c	MEC	21d INJURY OCCURRED 21e.	PLACE OF INJURY	( AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.		ATION Street o	r R F.D. Na.	City or Town		County	Stote
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ENE Ded Uld the		sow the deceosed all causes stated above	ive onير . (ا) _(we) (did	(did not) view the	body after d	that in (my) eath.	(our) opinian (	death accufred on t	he date	and hour ar	id from the
ATI Sho Vith		22b. SIGNATURE		/			Hrp	27.55	22c DA	TE SIGNED	
OR be r		PA	Allan.	7227.	DEGRE	ATTENDING PHYS	MED. DIRECTO	R STAFF PHYS.			
TAI noy AI I pag pag pe fil		22d. PHYSICIANS NAME (Type) Dr. B.	L. Gr			22e. ADDRES		Manu Land	716	En	
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TO HOSPITAL Page 4 may 1 TO FUNERAL C director, pag should be file		22d. PHYSICIAN'S NAME (Type) Dr. A	. E. Mano	d	22e. ADDI	akland, M	aryland 215	550	
e 4 UNE	230	BURIAL, CREMATION, 23b. I	DATE	23c. NAME OF	CEMETERY OR CREMATORY	[ 23d ]	OCATION (City or Town)	(County) (Stote)	
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	24.	FUNERAL DIRECTOR	10/	ADDRESS		25a REC'D BY REGIST		SIGNATURE	
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- American	1	MAKTLAND STATE DEPARTMENT OF HEALTH  11559 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	3 01
HEALTH DEPT.	1 D	Type or Print)	Day Year 2b. HOUL
S 5 9 10 V		Elizabeth A. Lintner DEATH MATED 🗆 S J	19681230
Any deloy 2, and 3 PM3. Pa	3 <u>S</u>	'emale White July 7.1895 73YRS. Months Day 16	Yea 63 8 A M
Jepo		B.RTHPLACE (Stote or foreign 76 C.1 ZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
for	Pe	OTTY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTRIUTION (If not in hospital Divorced   120 USUAL OCCUPATION (Kind of work done   120 USUAL OCCUPATION (Kin	Md.
24 hours after deoth may respect to 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2,	(R	tural) Oakland / give_street_addresst   during most of working life, even if retired)   11	ADUSTRY
rs after 18. Gi e along 2 with deoth	130	USUAL RESIDENCE (Where deceosed lived, if institution, Residence before 13c (ITY OR TOWN  We strong and 13 we street and number 126 Lincoln A	ve.
Office office office	14. f	FATHER'S NAME First Model Lost IS MOTHER'S MAIDEN NAME First Middle	Lost
2 4 5 7 2		John C. Campbell Sarah J. Williams	
hin 24 nal pa niner's page hours		WAS DECEASED EVER IN U.S. ARMED FORCES?  (65, no, or unknown) (If yes give wor or dates all service) 16b SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
L with the Exam Exam File	-	no 171-26-9628A Stanley R. Lintner Irwin	Pa.  APPROXIMATE INTERVAL
INER: This certificate should be executed within 24 hours after death should be farworded to the Chief Medical Examiner's Office along with files.  3 should be used as a bunol-transit permit. File page Line 2 with the Staination, or removal, and in any event within 72 hours after death.		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Coronary occlusion	BETWEEN ONSET AND DEATH SUGGEN
e ex pend ef M sst p		Canditions, if any, which gave )  DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave )  Arteriosclerosis, generalized	Years
Id b Chia Chia		rise to immediate cause (a), (b)  Stoting the underlying cause (DUE TO, OR AS A CONSEQUENCE OF	
hou the the		lost.	
ng the ded to ded to as a b		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
word word ovol	NOUN	196. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
is c for for rem	TEG	WAS PERFORMED?	YES NO 🔼
#	MEDICAL CERTIFICATION	21a. EXTERNAL CAUSE WAS 21b TIME OF NJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item CAUSE OF DEATH PM 19	1 18)
bical EXAMINER: se execute the certificar. Page 4 should ned far your files. ECTOR: Page 3 should bur al, cremotion,	E E	21d INJURY OCCURRED 21e PLACE OF IN. RY (At hame, farm, street, 21f EOCATION Street or R.F.D. No. City or Town	County State
L EXAL ecute 1 Page 4 ar you ar you al, cre		AT WORK AT WORK	
AL Executive Part Far for or old.		22a. Leerifty that I taak charge af the remains described above, held an Autapsy 🗍, Inspection 🗷, Inquiry 🔀,	, ,
Se e ectained ined		death (esulted fram: Natural causes 🔼, Accident 🗌, Suicide 🔲, Hamicide 🔲, Undetermined manner 🗌	
pleose directine retoine or to to		ACTUAL SCIENCE W. John ASSISTANT MEDICAL EXAMINER 226 DATE SIL	CNED
UTY Dry, De be Pril			
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FOD CTATE		11552 DIVISION OF VITAL RECORDS, 301 W			. ~ 58
FOR STATE	1.0	ECEASED NAME First Middle	IER'S CERTIFICATE OF DE	AIH	
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ath Sny delay soges 1, 2, and 3 th farm PM3 to State Department	3 S	ale White \$\frac{9}{20}/1892	AGE (In years IF UNDER I YEAR & JNOER of buthday) MONTHS DAYS HOURS 75 YRS 10 21	Manth 8 Day	Year 68 4 A M
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Office Office of feer	14 1	ATHER'S NAME First Middle La	st 15. MOTHER S MAIDEN NAME	First Middle	lost
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se execute the certi servecute the certi star. Page 4 shauld med far yaur files. EECTOR: Page 3 shaul a burial, crematian,	BW B	21d NJURY OCCURRED 21e PLACE OF INJURY (At hame, farm, stree	t, 21f. LOCATION Street or R.F.D. No.	City or Town	County State
EXAM ute th age 4 yaur Yaur Page		WHILE NOT WHILE factory, affice building, etc.)			
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olcat E. olcase execution of director Page etained for DIRECTOR: For to bur all our al			ent . Suicide . Homicid		
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necessary, F the funeral 5 may be r 10 funeral Health prior	L	NAME (Type) James H. Feaster, Jr., M.	ADDRESS(Street	city town, or countyOakland, (	Garr., Md.
5 5 F 8 P 8	230	BURIAL, CREMATION, 23b. DATE 23c NAME ( REMOVAL (Specify)	OF CEMETERY OR CREMATORY	23d LOCATION (City or Town) (	(Caunty) (State)
		Bur-197   8/13/68   Bloo	ming Rose	Friendsville (	Garrett Md.
VA +15:45 (4) (5) 1	24	EUNERAL DIRECTORADI	m. 1 1. / Al	BY REGISTRAR 256. REGISTRAR'S SI	GNATURE
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FOR STATE		11553	DIAIDIO				ERTIFICATE		J419D 21201		1155	9
HEALTH DEAT.	1 D	ECEASED-NAME	Frs		Michel EXAL		Last	OF DEATH	2a DATE KNO	WMT Manth	Day Yea	7 2b +H9UP
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AL EXAMINER: This certific execute the certificate, writin r. Page 4 should be forword for your files.  TOR: Page 3 should be used as urial, cremation, or removal,		WHILE NOT		actory, aff.ce buil	lding, etc.)				,			
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To DEPUTY necessary, the funero 5 may be TO FUNERA!					er, Jr.,			DRESS(Street, city, ta				
0 = = ~ O =	230	BURIAL, CREMATI REMOVAL (Specif Burial	Y) 23b	DATE			OR CREMATORY		LOCATION (City	,	(County)	(State)
	28	BUT1al JUNERAL DIRECTO		20/68	ST.	ADDRESS	Luth.C	2Sa REC D BY REC		11, Som		Pa.
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TOM REV 1 68	4	un /	eur	24-11	GT.9	TIOSATI	16, 114.	LOWIE -				7



MARYLAND SIATE DEPARTMENT OF HEALTH



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			DEATH		street address)	וטווטי ונווון אַט	(it not in nosp	during n	nost of workin	al fe avenific	etired)	INDUSTRY	
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		PE CWYP		135 COUNTY			ton	YES 🙀 NO		TELL MILD TOURS	Phr.		
F		THER'S NAME	First	Middle		Last		MAIDEN NAME		Midd	ile		Last
ı			Israel		Moat	8		Mary	H	lizabe	at.h	Shi	
1	160 V	AS DECEASED EV	ER IN J.S. ARMED FOR		166 SOCIAL SECU	IRITY NO	7 INFORMANT			ADDRESS		Part & de ade	
	[46	s, no, or unknow	/ft) (If yes give war	or dates of service)	220-52	-9904	Mary	Lesl1	R.R.	Oakla	and.	Md.	
ſ		18 CAUSE OF	DEATH (Enter only o	one cause per l								APPE	PROXIMATE INTERVAL TEN ONSET AND DEATH
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		stating the un	iderlying couse	DUE TO, OR	AS A CONSEQUE	NCE OF							
1	J	last	,	(c)									
		24	SIGNIFICANT CONDITION	ONS CONTRIBUT	ING TO DEATH BL	IT NOT RELATED	TO THE TERMINA	AL DISEASE OR CO	NDITION GIVEN	IN PART 1(o)			
۱	<u> </u>	19g DATE OF O	PERATION		196. CONDITION	FOR WHICH OPE	RATION					120 /	AUTOPSY?
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			R CONTRIBUTING	HOUR A.	M.	19		,					
	띭	21d INJURY OC	CURRED 210. PLA	CE OF INJURY (	At home form, s		If LOCATION Str	reet or R F.D. No	Cet	ry or Town		County	Stote
		AT WORK A	T WHILE TOCKO	ry, office building	g, etc)								
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		EVAMINED'S		_	. 0		D	DEPUTY MEDICAL	EXAMINER	t _	8-11	-53	
		NAME (Type)	James H	. Fea	ster,	Jr., M	. D.	ADDRESS(Street, c	city, town, or co	Univ Dakl	and.		
	230	BURIA., (REMA) REMOVA. (Speci Ir 18.1-	TION, 23b D/			ME OF CEMETERY				M (City or Town		(County)	(Stote)
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MARYLAND STATE DEPARTMENT OF HEALTH

		1 1 5 5 3 DIVISION OF VITAL RECORDS, 301 W. PRESION STREET, BALTIMORE, MARTLAND 21201	562
FOR STATE		MEDICAL EXAMINER 3 CERTIFICATE OF DEATH	002
HEALTH DEPT.	1 D	DECEASED-NAME First Middle Lost 20 DATE KNOWN Month Dr. (Type or Print) OF ESTI-	
一年降月市	,	Clara Ellen Sisler Death Mated 0 8-31-	-68 19 1 030 M
S S S S S S S S S S S S S S S S S S S	3 51		2d HOUR
rt a a	F	Female White 9/11/1877 90 YRS MONTHS DAYS MOURS MIN. Month 8 Doy 31	ABOL 18 68J OT 2 W
2, 2, Pp - Pp	70 1	BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
adi any	Cyn Gyn	Trett Co., Id. USA WIDOWED DIVORCED GARRETT	Md
± 5 ± 5		CITY OR TOWN OF DEATH III NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120, USUAL OCCUPATION (Kind of work done 12	b KIND OF BUSINESS OR
-8 -18 ) e	loa	akland 319 S. 3rd St. during most of working life, even if retired.) IN	Own .lome
후 을 을 부 부		USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d INSIDECTIVIUM TS? 13e STREET AND NUMBER	0.011 110.010
wildea dea	Ma	grispolation Garrett Oakland YES IX NO I 319 S. 3rd S	5t.
hin 24 hours after nat in Item 18 Gi niner's Office aloh pages 1 and 2 with hours after death	-	FATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle	Lost
4 5 0 E 4 .	5		ower
hin 24 ncil in niner's pages hours		. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS	JNO1
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d with the Exam Exam File in 72	1.		APPROXIMATE INTERVAL
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author work		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
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INER: This certificate shauld be executed within 24 hours after shauld be farwarded to the Chief Medical Examiner's Office along files.  3 should be used as a burial-transit permit. File pages land 2 with thatian, ar remaval, and in any event within 72 hours after death		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
d o d	NO	190 DATE OF OPERATION 195 COND TON FOR WHICH OPERATION	20 AUTOPSY?
drw drw	S	WAS PERFORMED?	_
ER: This certificate, audd be fa	MEDICAL CERTIFICATION	210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item	YES NO
and the second s	AL C	PRIMARY ☐ OR CONTRIBUTING ☐ 1 HOUR A M.	10.]
NER cer hau hau iles. sho sho sho	#EDIC	CAUSE OF DEATH P M 19 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f ŁOCATION Street or R.F.D. No City or Town	County Stote
the 4 s our four file 3 le 3 le 3 le 3		WHILE ON NOT WHILE FOCTORY, Office building, etc.)	C00-114 21046
pical Examiner: This certificate splease execute the certificate, writing the director. Page 4 shauld be farwarded to retained far your files.  Directors: Page 3 should be used as a bort to burial, crematian, ar remaval, and		AT WORK AT WORK	
AL Secondary Control of the secondary of		22a Lertify that I taak charge of the remains described above, held an Autopsy , Inspection . Inquiry .	
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direction of the control of the cont		ACTUAL CHIEF MEDICAL EXAMINER CHIEF CHIEF MEDICAL EXAMINER CHIEF	
YY, Programmer Program		SIGNATURE MD ASS STANT MEDICAL EXAMINER	-08
Ssor Fru		EXAMINER'S James H. Feaster, Jr., M. D. DEPUTY MEDICAL EXAMINER D. ADDRESS(Street, c.ty, town, or county) and G.	202
necessary, please execute the the funeral director. Page 4 5 may be retained far your of funeral DIRECTOR: Page Health pr or to burial, crem	-	Vansarat C	arr., Md.
D = 20 = 7	230	DELIGITATION OF THE PROPERTY O	ounty) (State)
		Burral Director 9/3/68 Volfe Cemetery Garrett County,  FUNERAL DIRECTOR ADDRESS 250 RECTO BY REGISTRAR 25b REGISTRAR 5 SIGN.	
VR ATSME GY	13		La Cudas
10M REV 1/98		wild Minnet Oakland, Maryland DATSEP 5 1968 govern	10

MARYLAND STATE DEPARTMENT OF HEALTH



EST. Witte I was set of water the state of Deeds amilys , bools Jacan J. B. H

8 1	1	11558	MAKTLAN DIVISION OF VITAL RECORDS,		RESTON STREET, BALTI		YLAND 21201		
£	T	4,4			ATE OF DEATH	,		1156	4
after death.  e funeral  es 1 and 2  offer death.		(CEASED-NAME) First ype or print) Joseph	(None)		lost Yencensky	20. DATE OF C		1968	25. HOUR P 2:00 M
mithin 24 haurs after death filled in by the funeral bar papers. Pages 1 and 3 within 72 and 3 parter death	3. SI	Male	4. RACE White		s. DATE OF BIRTH Feb.23,188		6. AGE (In years lost biningsy) YRS.	IF UNDER I YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
H haur	7a.	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY? Lithuania	WIDOWED	DIVORCED	county of i	DEATH rrett		Md.
siy filled i		or town of Death Oakland	11. NAME OF HOSPITAL OR IN	• Memo	iral Hospital	COCCUPATION (	Kind of work done fe even if retired)	12b. KIND OF E	Mines
we corbi	13a.	USUAL RESIDENCE (Where deceose	d lived, if institution: Residence before 13b. COUNTY Garrett	13c. CITY OF		AITS? 13e. STRI	et and number nter Sti		
and co	14.	FATHER'S NAME First Baltrus	Middle Lost Yencensk	1	Marijone	rst	Middle M-1 7 -	iauskait	Last
ertificate be physician ar nen please r naval, and in	160	WAS DECEASED EVER IN U.S. ARMI (es, no, proknown) (If yes give wo	ED FORCES? 16b. SOCIAL SECURITY 213-03-	NO. 17.	Mrs. Mary	Povis	h,Kitzmi	ller,	M d
quires that the death c physician. signed by the attending burial-transit permit. The	7	PART I. DEATH WAS CAUSED IMMEDIAN Conditions, if any, which gave nise to immediate cause (a). Stating the underlying couse lost.	y one couse per line for (a), (b), ond (c) BY: IE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  DITIONS CONTRIBUTING TO DEATH BUT N	no.	deroxi	DINDITION GIVEN	eral IN PART 1(o)	BETYSER ON STREET ON STREE	ATÉ INTERVAL SOLAND DEATH
PHYSICIAN: The law in the haspital or attending this certificate has biller letoched for use as the best. af Health priar to	CERTIFICATION		ONDITION FOR WHICH OPERATION WAS PE	RFORMED	20o. AUTOPSY? YES NO		YES, WERE FINDINGS CO OF DEATH?	ONSIDERED IN CE	TIFYING
iclan: pital or rtificate ed far u af Heal	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examin	HOUR A.M. Manth Day Year er) P.M.	9	OW INJURY OCCURRED (Enter				
G PHYS the has this ce detache	W	While Not while of work			OCATION Street ar R.F.D. No.		or Town	County	Stole
TTENDING ained by the OR: After auld be d			s hospital) attended the deceas ive on (1) (we) (did) (did not) view the	ed from IN, on body ofter	d that in (my) (our) opir death.	to of the price of			(I) (we) lost nd from the
HOSPITAL OR ATTEN ge 4 may be retained FUNERAL DIRECTOR: rector, page 3 shauld hould be filed with the		22d: PHYSICIAN'S NAME (Type)	Mance, M.D.	DEGI	ATTENDING MI PHYS. DI 22e. ADDRESS Oakl.	rector   und, Mo	STAFF PHYS. U 44	DAM SIGNED	9
TO HOSPITAL Page 4 may TO FUNERAL director, page should be fil	230	BURIAL (REMATION, 23b. D. Sel	0			23d LOCATION Elk Ge	(City or Town) arden ,Mil	neral (	(Stote)
VR A15 (4) 30M REV. 1/68	24	FUNERAL DIRECTOR	Shaple O. Kitz	e,w v mill	er, Md DASEP	registrar 6 196	8 Clear		A

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